

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Freedom Partners Action Fund, Inc.

ADDRESS (number and street) ▼

2300 Wilson Blvd.

Ste. 500

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22201

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00564765

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas F. Maxwell III

Signature of Treasurer

Thomas F. Maxwell III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">14814493.15</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">13740020.17</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1778559.09</span>	<span style="border: 1px solid black; padding: 2px;">11027350.96</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">15518579.26</span>	<span style="border: 1px solid black; padding: 2px;">25841844.11</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3661987.47</span>	<span style="border: 1px solid black; padding: 2px;">13985252.32</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">11856591.79</span>	<span style="border: 1px solid black; padding: 2px;">11856591.79</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">875.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
06	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1778082.09

11015332.09

(ii) Unitemized .....

477.00

11359.03

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1778559.09

11026691.12

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

1778559.09

11026691.12

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

659.84

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1778559.09

11027350.96

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1778559.09

11027350.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	56434.63	449672.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	56434.63	449672.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	100000.00
24. Independent Expenditures (use Schedule E) .....	3605552.84	13435579.40
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3661987.47	13985252.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3661987.47	13985252.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1778559.09	11026691.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1778559.09	11026691.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	56434.63	449672.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	659.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	56434.63	449013.08

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. MRS. HELEN DEVOS**Mailing Address 126 OTTAWA AVENUE NW  
STE. 500

City	State	Zip Code
GRAND RAPIDS	MI	49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11A.1769

Amount of Each Receipt this Period

500000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD M. DEVOS**Mailing Address 126 OTTAWA AVENUE NW  
STE. 500

City	State	Zip Code
GRAND RAPIDS	MI	49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11A.1768

Amount of Each Receipt this Period

500000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MRS. MARILYN HAYDEN**

Mailing Address 352 DEEPWOOD ROAD

City	State	Zip Code
BARRINGTON	IL	60010-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA11A.1744

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 38  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. MR. WOODY L. HUNT**

Mailing Address PO BOX 12220

City  
EL PASOState  
TXZip Code  
79913-0220FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNT COMPANIES, INC.

Occupation

EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2016			

Transaction ID : SA11A.1756

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MR. WAYNE L. LAUFER**

Mailing Address 4989 JOEWOOD DRIVE

City  
SANIBELState  
FLZip Code  
33957-7511FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2016			

Transaction ID : SA11A.1755

Amount of Each Receipt this Period

500000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MR. ED ROBSON**

Mailing Address 9532 E RIGGS ROAD

City  
SUN LAKESState  
AZZip Code  
85248-7463FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBSON RESORT COMMUNITIES

Occupation

FOUNDER, CHAIRMAN, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2016			

Transaction ID : SA11A.1770

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Freedom Partners Action Fund, Inc.**

Full Name (Last, First, Middle Initial)

## **A. MR. DENNIS TROESH**

Mailing Address 1370 JET STREAM DRIVE  
STE. 100

City State Zip Code  
 HENDERSON NV 89052-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA11A.1754

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.**

Mailing Address 2200 WILSON BLVD.  
STE. 102-533

City State Zip Code  
 ARLINGTON VA 22201-3397

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3082.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.1777

Amount of Each Receipt this Period

3082.09

☐ Memo Item

IN-KIND CONTRIBUTION

LEGAL SERVICES

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103082.09

1778082.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 38

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. APUS MEDIA INC.**

Mailing Address 42935 NOKES CORNER TER

City  
ASHBURNState  
VAZip Code  
20148Purpose of Disbursement  
ORIG. PAYMENT 21B 5/27/16; SEE SCHEDULE E

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SB21B.I695

Amount of Each Disbursement this Period

-5629.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AUTHORIZE.NET**

Mailing Address PO BOX 947

City  
AMERICAN FORKState  
UTZip Code  
84003Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SB21B.I660

Amount of Each Disbursement this Period

54.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T MERCHANT SERVICES**

Mailing Address PO BOX 200

City  
WILSONState  
NCZip Code  
27894Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : SB21B.I684

Amount of Each Disbursement this Period

34.95

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-5539.37



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Freedom Partners Action Fund, Inc.

#### A. DIRECT MAIL MARKETING GROUP

Mailing Address 22780 INDIAN CREEK DRIVE  
STE. 100

City	State	Zip Code
DULLES	VA	20166

Purpose of Disbursement	DATE	AMOUNT	REMARKS
DIRECT MAIL EXPENSE			

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I722

Amount of Each Disbursement this Period

831.64

 Memo Item

Full Name (Last, First, Middle Initial)

## B. FACEBOOK, INC.

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

### Purpose of Disbursement

#### ONLINE ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I707

Amount of Each Disbursement this Period

500.68

 Memo Item

Full Name (Last, First, Middle Initial)

### C. FACEBOOK, INC.

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

### Purpose of Disbursement

#### ONLINE ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I710

Amount of Each Disbursement this Period

165.30

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1497.62


<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Freedom Partners Action Fund, Inc.



Three 7-segment displays are shown, each with a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The first display shows '06', the second shows '30', and the third shows '2016'. They are separated by slashes.

Category/  
Type

 Memo Item

LEGAL SERVICES

Category/  
Type

Memo Item

Category/  
Type

Memo Item

6082.09



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 38

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

Full Name (Last, First, Middle Initial)

**A. MAXIMUM COMPLIANCE, LLC**

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON      State DC      Zip Code 20016

Purpose of Disbursement  
BOOKKEEPING/COMPLIANCE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SB21B.I644

Amount of Each Disbursement this Period

18125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NATIONAL CAPITAL TELESERVICES L.L.C.**

Mailing Address 300 FIFTH STREET, NE

City WASHINGTON      State DC      Zip Code 20002

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SB21B.I645

Amount of Each Disbursement this Period

4925.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAGELY, INC.**Mailing Address 4729 E SUNRISE DRIVE  
STE. 435

City TUCSON      State AZ      Zip Code 85718

Purpose of Disbursement  
WEBSITE EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SB21B.I701

Amount of Each Disbursement this Period

399.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23449.02

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Freedom Partners Action Fund, Inc.

#### A. PRIME MEDIA PARTNERS, LLC

Mailing Address 4201 WILSON BLVD. #110-126

City	State	Zip Code
ARLINGTON	VA	22203

Purpose of Disbursement	TV/MEDIA PRODUCTION
-------------------------	---------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a different number. The first display shows '06', the second shows '08', and the third shows '2016'. Each display has a small 'M' or 'D' or 'Y' label above it.

Transaction ID : SB21B.I668

Amount of Each Disbursement this Period

12452.00

 Memo Item

Full Name (Last, First, Middle Initial)

## B. TWITTER INC.

Mailing Address 1355 MARKET STREET  
STE. 900

City	State	Zip Code
SAN FRANCISCO	CA	94103

### Purpose of Disbursement

#### ONLINE ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I676

Amount of Each Disbursement this Period

Gender	Percentage
Male	100.00
Female	0.00

 Memo Item

Full Name (Last, First, Middle Initial)

### C. TWITTER INC.

Mailing Address 1355 MARKET STREET  
STE. 900

City	State	Zip Code
SAN FRANCISCO	CA	94103

### Purpose of Disbursement

#### ONLINE ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I702

Amount of Each Disbursement this Period

290.87

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12842.87





**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 38

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CMDI**

Nature of Debt (Purpose):

Contribution Processing Services

Mailing Address 1593 Spring Hill Road  
Ste. 400City State Zip Code  
Tysons Corner VA 22182

Outstanding Balance Beginning This Period

1117.40

Transaction ID : DM6.002

Amount Incurred This Period

0.00

Payment This Period

1117.40

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jones Day**

Nature of Debt (Purpose):

Legal Fees

Mailing Address 51 Louisiana Avenue, NW

City State Zip Code  
Washington DC 20001

Outstanding Balance Beginning This Period

875.00

Transaction ID : DM4.001

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

875.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Luntz Global Partners LLC**

Nature of Debt (Purpose):

Research Services

Mailing Address 9165 Key Commons Court

City State Zip Code  
Manassas VA 20110

Outstanding Balance Beginning This Period

2289.78

Transaction ID : DM6.001

Amount Incurred This Period

0.00

Payment This Period

2289.78

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

875.00

2) **TOTALS** This Period (last page this line number only)..... ►

875.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

875.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 38  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>NICHOLAS GAY</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>6719 GREENVIEW LANE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> <b>06 / 24 / 2016</b>		
City <b>SPRINGFIELD</b>		State <b>VA</b>	Zip Code <b>22152</b>		
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>		Category/Type <span style="border:1px solid black; padding:2px;"> </span>		Amount <span style="border:1px solid black; padding:2px;">2875.00</span>	
Name of Federal Candidate <b>TED STRICKLAND</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <span style="border:1px solid black; padding:2px;"> </span> State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">6204411.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ <span style="border:1px solid black; padding:2px;"> </span>		
Full Name of Payee <b>APUS MEDIA INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>42935 NOKES CORNER TER</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> <b>06 / 24 / 2016</b>		
City <b>ASHBURN</b>		State <b>VA</b>	Zip Code <b>20148</b>		
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>		Category/Type <span style="border:1px solid black; padding:2px;"> </span>		Amount <span style="border:1px solid black; padding:2px;">5629.22</span>	
Name of Federal Candidate <b>TED STRICKLAND</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <span style="border:1px solid black; padding:2px;"> </span> State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">6204411.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ <span style="border:1px solid black; padding:2px;"> </span>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">8504.22</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"> </span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
THOMAS FRANCIS MAXWELL III			[Electronically Filed]		
Signature			Date <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> <b>06 / 30 / 2016</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>FACEBOOK, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1075083				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	
Mailing Address 1601 WILLOW ROAD				Amount	
				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE24.677		
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>		
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FACEBOOK, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1076904				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	
Mailing Address 1601 WILLOW ROAD				Amount	
				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE24.678		
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>		
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 21 OF 38  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>FACEBOOK, INC.</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06 / 09 / 2016</span>
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1076904			
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">11.90</span>
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE24.680</b>
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06 / 12 / 2016</span>
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FACEBOOK, INC.</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06 / 10 / 2016</span>
Mailing Address 1601 WILLOW ROAD			
City MENLO PARK		State CA	Zip Code 94025
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Amount <span style="border: 1px solid black; padding: 2px;">150.33</span>
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Transaction ID : <b>SE24.679</b>
			Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06 / 12 / 2016</span>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">162.23</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

06 / 30 / 2016

Full Name of Payee <b>FACEBOOK, INC.</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 27 / 2016	
Mailing Address 1601 WILLOW ROAD			Amount 99.41	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE24.711</b> Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2016	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/ Type		
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		6204411.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	349.08
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 38  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  06 / 27 / 2016 </div>	

Full Name of Payee <b>FACEBOOK, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  06 / 27 / 2016 </div>	
Mailing Address 1601 WILLOW ROAD				Amount <div style="border: 1px solid black; padding: 2px;"> 99.73 </div>	
City MENLO PARK	State CA	Zip Code 94025		Transaction ID : <b>SE24.712</b>	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  06 / 30 / 2016 </div>	
Name of Federal Candidate CATHERINE CORTEZ MASTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 2215274.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  06 / 09 / 2016 </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533				Amount <div style="border: 1px solid black; padding: 2px;"> 1200.00 </div>	
City ARLINGTON	State VA	Zip Code 22201		Transaction ID : <b>SE24.672</b>	
Purpose of Expenditure RADIO MEDIA PRODUCTION		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y  06 / 10 / 2016 </div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 6204411.45 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 1299.73 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 24 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              . . . / . . . / . . . . . .           </div>	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 09 / 2016           </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533				Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 5000.00           </div>	
City ARLINGTON	State VA	Zip Code 22201		Transaction ID : <b>SE24.673</b>	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 10 / 2016           </div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 6204411.45           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 10 / 2016           </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533				Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 6000.00           </div>	
City ARLINGTON	State VA	Zip Code 22201		Transaction ID : <b>SE24.687</b>	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 16 / 2016           </div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 6204411.45           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 11000.00           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 25 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00564765         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1080099 (\$4,317.50)		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 24 / 2016</div> </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4790.25</div>	
City ARLINGTON    State VA    Zip Code 22201	<b>Transaction ID : SE24.700</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2016</div> </div>		
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>TED STRICKLAND</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6204411.45</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2016</div> </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>	
City ARLINGTON    State VA    Zip Code 22201	<b>Transaction ID : SE24.713</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 29 / 2016</div> </div>		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>TED STRICKLAND</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6204411.45</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6290.25</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
06 / 30 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 26 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              . . . / . . . / . . . . . .           </div>	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 29 / 2016           </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533				Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 1000.00           </div>	
City ARLINGTON	State VA	Zip Code 22201		Transaction ID : <b>SE24.716</b>	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 29 / 2016           </div>	
Name of Federal Candidate CATHERINE CORTEZ MASTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 2215274.30           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 29 / 2016           </div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533				Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 1000.00           </div>	
City ARLINGTON	State VA	Zip Code 22201		Transaction ID : <b>SE24.718</b>	
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 29 / 2016           </div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 6204411.45           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 2000.00           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

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 06 / 30 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 27 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00564765         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">07 / 05 / 2016</div>	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6000.00</div>	
City ARLINGTON      State VA      Zip Code 22201	<b>Transaction ID : SE24.721</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">06 / 30 / 2016</div>		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Name of Federal Candidate <input type="checkbox"/> Support CATHERINE CORTEZ MASTO <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2215274.30</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC -1075083		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">05 / 26 / 2016</div>	
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">314.59</div>	
City MOUNTAIN VIEW      State CA      Zip Code 94043	<b>Transaction ID : SE24.681</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">06 / 12 / 2016</div>		
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Name of Federal Candidate <input type="checkbox"/> Support KATHLEEN MCGINTY <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2871416.33</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">6314.59</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

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06 / 30 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 38  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>GOOGLE</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC 1076904		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>06 / 09 / 2016</b>	
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount <span style="border:1px solid black; padding:2px;">24.59</span>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE24.682</b>
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>06 / 12 / 2016</b>	
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">6204411.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>06 / 10 / 2016</b>	
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount <span style="border:1px solid black; padding:2px;">10.82</span>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE24.683</b>
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL	Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>06 / 12 / 2016</b>	
Name of Federal Candidate TED STRICKLAND		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">6204411.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">35.41</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
THOMAS FRANCIS MAXWELL III Signature		[Electronically Filed] Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>06 / 30 / 2016</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 29 OF 38  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>GOOGLE</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1080099		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 10 / 2016	
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount <span style="border: 1px solid black; padding: 2px;">2776.68</span>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : SE24.708
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 27 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>GREENER AND HOOK LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 24 / 2016	
Mailing Address C/O ROBERT CLAYTON, CPA 1271 MOUNTAIN ROAD		Amount <span style="border: 1px solid black; padding: 2px;">2740.70</span>	
City FRONT ROYAL	State VA	Zip Code 22630	Transaction ID : SE24.698
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 24 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border: 1px solid black; padding: 2px;">2776.68</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border: 1px solid black; padding: 2px;"> </span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
THOMAS FRANCIS MAXWELL III Signature		[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 30 / 2016	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 30 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>I360</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2016</b>	
Mailing Address <b>PO BOX 37046</b>				Amount <b>1318.62</b>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>		Transaction ID : <b>SE24.661</b>	
Purpose of Expenditure <b>DIRECT MAIL EXPENSE</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 08 / 2016</b>	
Name of Federal Candidate <b>TED STRICKLAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>6204411.45</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>I360</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 09 / 2016</b>	
Mailing Address <b>PO BOX 37046</b>				Amount <b>10746.00</b>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>		Transaction ID : <b>SE24.670</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - RADIO</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 09 / 2016</b>	
Name of Federal Candidate <b>TED STRICKLAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>6204411.45</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>12064.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**06 / 30 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 31 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>I360</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>06 / 09 / 2016</b>		
Mailing Address <b>PO BOX 37046</b>			Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>		
City <b>BALTIMORE</b>		State <b>MD</b>	Zip Code <b>21297</b>		
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.671</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>06 / 09 / 2016</b>	
Name of Federal Candidate <b>TED STRICKLAND</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>I360</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>06 / 24 / 2016</b>		
Mailing Address <b>PO BOX 37046</b>			Amount <span style="border: 1px solid black; padding: 2px;">811095.00</span>		
City <b>BALTIMORE</b>		State <b>MD</b>	Zip Code <b>21297</b>		
Purpose of Expenditure <b>MEDIA PLACEMENT - BROADCAST/CABLE</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.688</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>06 / 24 / 2016</b>	
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2215274.30</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">821095.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>THOMAS FRANCIS MAXWELL III</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>06 / 30 / 2016</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 32 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>I360</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2016</b>	
Mailing Address <b>PO BOX 37046</b>				Amount <b>165000.00</b>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>		Transaction ID : <b>SE24.689</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - DIGITAL</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2016</b>	
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>2215274.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>I360</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 24 / 2016</b>	
Mailing Address <b>PO BOX 37046</b>				Amount <b>92555.00</b>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>		Transaction ID : <b>SE24.690</b>	
Purpose of Expenditure <b>MEDIA PLACEMENT - SATELLITE</b>		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2016</b>	
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>2215274.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>257555.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 30 / 2016**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 38  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Freedom Partners Action Fund, Inc.

FEC IDENTIFICATION NUMBER ▼

C C00564765

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

I360

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
06 24 2016

Mailing Address

PO BOX 37046

Amount

1694770.00

City

BALTIMORE

State

MD

Zip Code

21297

Transaction ID : SE24.692

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
06 24 2016

Purpose of Expenditure

MEDIA PLACEMENT - BROADCAST/CABLE

Category/  
Type

Name of Federal Candidate

TED STRICKLAND

☐ Support☒ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☒ Senate

State: OH

Calendar Year-To-Date

Per Election for Office Sought

6204411.45

Disbursement For:

☐ Primary☒ General

2016

☐ Other (specify) ▶ \_\_\_\_\_

Full Name of Payee

I360

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
06 24 2016

Mailing Address

PO BOX 37046

Amount

480000.00

City

BALTIMORE

State

MD

Zip Code

21297

Transaction ID : SE24.693

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
06 24 2016

Purpose of Expenditure

MEDIA PLACEMENT - DIGITAL

Category/  
Type

Name of Federal Candidate

TED STRICKLAND

☐ Support☒ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☒ Senate

State: OH

Calendar Year-To-Date

Per Election for Office Sought

6204411.45

Disbursement For:

☐ Primary☒ General

2016

☐ Other (specify) ▶ \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

2174770.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 34 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>I360</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>06 / 24 / 2016</b>		
Mailing Address <b>PO BOX 37046</b>			Amount <span style="border: 1px solid black; padding: 2px;">252591.00</span>		
City <b>BALTIMORE</b>		State <b>MD</b>	Zip Code <b>21297</b>		
Purpose of Expenditure <b>MEDIA PLACEMENT - SATELLITE</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.694</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>06 / 24 / 2016</b>	
Name of Federal Candidate <b>TED STRICKLAND</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>INNOVATIVE ADVERTISING, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>06 / 24 / 2016</b>		
Mailing Address <b>4250 HIGHWAY 22 STE. 7</b>			Amount <span style="border: 1px solid black; padding: 2px;">7000.00</span>		
City <b>MANDEVILLE</b>		State <b>LA</b>	Zip Code <b>70471</b>		
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.691</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>06 / 29 / 2016</b>	
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2215274.30</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">259591.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>THOMAS FRANCIS MAXWELL III</b>			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>06 / 30 / 2016</b>		
[Electronically Filed]					

Full Name of Payee <b>TOBE DIRECT LLC</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 605 TERRITORIAL DRIVE UNIT C				Amount <div> <div>27230.06</div> </div>	
City BOLINGBROOK		State IL		Zip Code 60440	
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		Transaction ID : <b>SE24.658</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>6204411.45</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	31152.56
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 12/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 36 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>TOBE DIRECT LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 605 TERRITORIAL DRIVE UNIT C			Amount <span style="border: 1px solid black; padding: 2px;">9941.62</span>		
City BOLINGBROOK		State IL	Zip Code 60440		Transaction ID : <b>SE24.659</b>
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate TED STRICKLAND			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>TWITTER INC.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1075083			Amount <span style="border: 1px solid black; padding: 2px;">45.03</span>		
Mailing Address 1355 MARKET STREET STE. 900			Transaction ID : <b>SE24.675</b>		
City SAN FRANCISCO		State CA	Zip Code 94103		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate KATHLEEN MCGINTY			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2871416.33</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">9986.65</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
THOMAS FRANCIS MAXWELL III			[Electronically Filed]		
Signature			Date <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 37 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              . . . / . . . / . . . . . .           </div>	

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1075083		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              05 / 26 / 2016           </div>	
Mailing Address 1355 MARKET STREET STE. 900				Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 37.72           </div>	
City SAN FRANCISCO	State CA	Zip Code 94103		Transaction ID : <b>SE24.648</b>	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 02 / 2016           </div>	
Name of Federal Candidate KATHLEEN MCGINTY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 2871416.33           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>TWITTER INC.</b> ESTIMATE REPORTED ON 48 HOUR NOTICE FEC-1076904		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 09 / 2016           </div>	
Mailing Address 1355 MARKET STREET STE. 900				Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 30.00           </div>	
City SAN FRANCISCO	State CA	Zip Code 94103		Transaction ID : <b>SE24.685</b>	
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y Y              06 / 16 / 2016           </div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 6204411.45           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 67.72           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

THOMAS FRANCIS MAXWELL III

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 38 OF 38  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>TWITTER INC.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 1355 MARKET STREET STE. 900			Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>		
City SAN FRANCISCO		State CA	Zip Code 94103		Transaction ID : SE24.686
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate TED STRICKLAND			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6204411.45</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</p> <p>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</p> <p>(c) <b>TOTAL</b> Independent Expenditures..... ▶</p> </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> <p style="text-align: right;">200.00</p> <p style="text-align: right;">3605552.84</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
THOMAS FRANCIS MAXWELL III _____ Signature			Date <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span> [Electronically Filed]		